

BAY SPRINGS

MOVING  *FORWARD*

Membership Information

Name of Business _____

Mailing Address _____

Physical Address _____

Phone Number _____

Fax Number _____

Website _____

Contact person _____

Contact phone _____

Contact Email _____

Amt. of dues submitted _____

Your Chamber Board would like to keep you informed of Chamber activities.
Is email an effective way to reach you and your business? Yes _____ No _____

Please submit this form along with your dues to Bay Springs Chamber of Commerce
P.O. Box 702
Bay Springs, MS 39422